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Bib Data Sheet

CONFIRMATION NO. 1739

SERIAL NUMBER 10/626,756	FILING DATE 07/24/2003  RULE	CLASS 710	GROUP ART UNIT 2111	ATTORNEY DOCKET NO. 032674-200
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

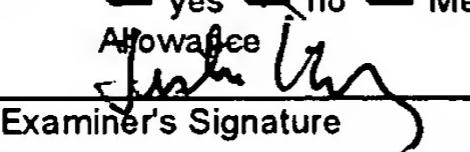
None X

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

None X

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 04/21/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	 Initials	NC	4	20	3

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## TITLE

Method and system for interrupt mapping

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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